



2015 MEMBER APPLICATION

Last Name	First Name		Designation	
Company	Title	Referral/Spo	Referral/Sponsor	
Mailing Street Address	City	State	Zip	
Telephone	Fax	E-Mail Addr	ress	
Home Street Address (for legislative purposes)	City	State	Zip	
CHARLOTTE	Form of Payment Enclosed: ☐ Monthly Draft (please select one) ☐ Checking Account ☐ Credit Card ☐ Annual Payment (please select one) ☐ Check (payable to NAHU) ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover			
Bankdraft / Credit Card Authorization	Form:			
I (we) hereby authorize NAHU to initiate debinate: Monthly debits will equal one-twelft (Please include a voided check from the a	th of any current appli	cable national, state or lo		
Name (as it appears on the check or credit ca	ard) Signature			
Account Number	Expiration			

Once completed, send to: MAIL

NCAHU

PO Box 38905

Greensboro, NC 27438

Email: Carol@ncahu.org